

Fee \$	Application For Dealer/Drive-Away/Office Trailer Plates License Year Ending _____					No. Decals _____ No. Plates _____			
Dealer Name			Dealer Number		Social Security or Emp. ID Number				
Address			Type of Plates*			() Business Phone Number			
City		State		Zip		Plate Numbers DMV Use Only			
No. Plates		Current Plates							
Prorated Fees:	Motor Vehicle Dealer Board		DMV						
	Dealer		Motor Homes and Trailers		Motorcycle	Reserve Plate	Drive-Away		Office Trailer
Total Months of Registration	First 2 Regular Plates	Each Additional Regular Plate	First 2 Regular Plates	Each Additional Regular Plate	Each Plate	Each Plate	First 2 Plates	Each Add. Plate	Each Regular Plate
12 mos.	40.00	15.00	30.00	13.00	9.00	10.00	75.00	20.00	22.00
11 mos.	36.67	13.75	27.50	11.92	8.25	9.17	68.75	18.33	20.17
10 mos.	33.33	12.50	25.00	10.83	7.50	8.33	62.50	16.67	18.33
9 mos.	30.00	11.25	22.50	9.75	6.75	7.50	56.25	15.00	16.50
8 mos.	26.67	10.00	20.00	8.67	6.00	6.67	50.00	13.33	14.67
7 mos.	23.33	8.75	17.50	7.58	5.25	5.83	43.75	11.67	12.83
6 mos.	20.00	7.50	15.00	6.50	4.50	5.00	37.50	10.00	11.00
5 mos.	16.67	6.25	12.50	5.42	3.75	4.17	31.25	8.33	9.17
4 mos.	13.33	5.00	10.00	4.33	3.00	3.33	25.00	6.67	7.33
3 mos.	10.00	3.75	7.50	3.25	2.25	2.50	18.75	5.00	5.50
2 mos.	6.67	2.50	5.00	2.17	1.50	1.67	12.50	3.33	3.67
1 mo.	3.33	1.25	2.50	1.08	.75	.83	6.25	1.67	1.83
NO REFUNDS ON PLATE(S)									
<p style="text-align: center;">* DRIVE-AWAY</p> <p>If application is for drive-away plates, please furnish the purpose for which plates will be used.</p>						<p style="text-align: center;">PRIVACY STATEMENT</p> <p>In accordance with Sections 2.1-196, 2.1-731, and 2.1-734 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off purposes.</p>			

<p style="text-align: center;">Insurance Certification</p> <p><input type="checkbox"/> I/We certify that the vehicles owned or assigned to my firm are insured by a policy issued through an insurance company licensed to do business in Virginia and that the policy provides at least the minimum amount of coverage as required by law.</p> <p><input type="checkbox"/> A certificate of self insurance</p> <p># _____ has been issued by DMV pursuant to 46.2-366 with respect to each dealer license plate issued.</p> <p style="text-align: center;">Note AUTOMOBILE LIABILITY INSURANCE SHALL BE MAINTAINED ON EACH DEALER'S LICENSE PLATE FOR SO LONG AS THAT PLATE REMAINS VALID. Insurance certification is not required for office trailer plates.</p> <p>I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 2 misdemeanor.</p> <p>_____ Signature must be by owner, partner, or officer</p> <p>_____ DATE</p>
